

**DuPage County Environmental, Safety, Health & Property Loss Control Program
Excavation & Trenching Confined Space Procedure**

PERMIT

Date: _____ Project: _____

Weather: _____ Crew Leader Signature: _____

Protective system used: Trench shield/box; Wood shoring; Sloping;
 Aluminum shoring; Other, Specify: _____

Purpose of trench/excavation: Drainage; Water; Sewer; Gas;
 Fire Loop; Foundation; _____ Other, specify: _____

Was a visual soil test made: Yes; No If yes, what type: _____

Was a manual soil test performed: Yes; No If yes, what type: _____

Type of soil: _____ Soil strength: _____

Surface encumbrances: Yes; No If yes, what type: _____

Water conditions: Wet; Dry Submerged

Hazardous atmosphere exist: Yes; No If yes, follow confined space entry procedures policy,
complete Confined Space Entry Permit, monitor for toxic gas(es).

Measurements of excavation/trench: _____ Depth; _____ Length; _____ Width

Is there a ladder, in the excavation/trench, within 25 feet of the employees: Yes; No

Is excavated material stored 2 feet or more from the edge of excavation: Yes; No

Are employees exposed to public vehicular traffic: Yes; No
If yes, high visibility vest required.

Are other utilities identified and protected: Yes; No; Not required

Are sewer or natural gas lines exposed: Yes; No If yes, refer to the confined space entry
procedures policy, complete confined space entry permit, monitor for toxic/explosive gases(es).

Periodic Inspection: Yes; No Last date performed _____

Did employees receive training in the excavation: Yes; No

Comments: _____